ICAMA FORM 6.03
REPORT OF CHANGE IN CHILD/FAMILY STATUS

A. SENDING INFORMATION

TODAY'S DATE:

FROM: Michael Chapman
Division of Child and Family Services
120 N 200 W, Suite 225
Salt Lake County

City: Salt Lake City	**State:** Utah	**Zip:** 84103-1500

 Telephone: 801-538-4364

TO:

Number and Street:

County:

City:	**State:**	**Zip:**

Telephone:

REASON FOR REPORTING: (Check appropriate box)
- ☐ Address Change   ☐ Adoption Status Change
- ☑ Update on Medicaid Status   ☐ Change in Case Status

B. CHILD IDENTIFYING INFORMATION		

1. (a) Child's Name:	Birth date:	Social Security #:
(b) Child's Name:	Birth date:	Social Security #:
(c) Child's Name:	Birth date:	Social Security #:

2. ADOPTIVE PARENTS:

Parent 1:	Parent 2:

C. CHANGE IN MEDICAID STATUS		
Child A	Child B	Child C
Medicaid Case Opened:	Medicaid Case Open:	Medicaid Case Opened:
Medicaid Effective Date:	Medicaid Effective Date:	Medicaid Effective Date:
Medicaid ID#:	Medicaid ID#:	Medicaid ID#:
Medicaid Closed Date:	Medicaid Closed Date:	Medicaid Closed Date:

D. CHANGE IN CASE STATUS		
Child A	Child B	Child C
Effective Date of Change:	Effective Date of Change:	Effective Date of Change:
Change is to: ☐ Active ☐ Closed	Change is to: ☐ Active ☐ Closed	Change is to: ☐ Active ☐ Closed
Effective Date of Closing:	Effective Date of Closing:	Effective Date of Closing:
Reason for Closing:	Reason for Closing:	Reason for Closing:

E. CHANGE IN ADDRESS

1. EFFECTIVE DATE:

2. CURRENT FAMILY ADDRESS:

Number and Street:

County:

City:	State:	Zip:

Telephone:

3. NEW FAMILY ADDRESS:

Number and Street:

County:

City:	State:	Zip:

Telephone:

F. CHANGE IN ADOPTION STATUS

1. EFFECTIVE DATE:

2. ADOPTION ASSISTANCE AGREEMENT:

Child A	Child B	Child C
Adoption Assistance State:	Adoption Assistance State:	Adoption Assistance State:
Effective Date: *(Original agreement)*	Effective Date: *(Original agreement)*	Effective Date: *(Original agreement)*
Expiration Date: *(Original agreement)*	Expiration Date: *(Original agreement)*	Expiration Date: *(Original agreement)*
Effective Date: *(Current agreement)*	Effective Date: *(Current agreement)*	Effective Date: *(Current agreement)*
Expiration Date: *(Current agreement)*	Expiration Date: *(Current agreement)*	Expiration Date: *(Current agreement)*

3. FINAL ADOPTION DECREE:

Child A	Child B	Child C
Pending ☐ Yes ☐ No	Pending ☐ Yes ☐ No	Pending ☐ Yes ☐ No
*Date of Final Decree:	*Date of Final Decree:	*Date of Final Decree:
ICPC Notification Made via 100 B ☐ Yes ☐ No	ICPC Notification Made via 100 B ☐ Yes ☐ No	ICPC Notification Made via 100 B ☐ Yes ☐ No

4. ADOPTION TERMINATED:

Child A	Child B	Child C
Has adoption terminated? ☐ Yes ☐ No	Has adoption terminated? ☐ Yes ☐ No	Has adoption terminated? ☐ Yes ☐ No
*If yes, give date:	*If yes, give date:	*If yes, give date: